


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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98 NOV 18 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NON-PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006113 AMENDED

1. Corporation Name
SHANNON LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**1155 S. SEMORAN BLVD., SUITE 1118
WINTER PARK, FL 32792**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/25/96

4. FEI Number
59-3423421

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property tax due June 30. Yes No

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent
**IGOR TEPLITSKY
1155 S. SEMORAN BLVD., SUITE 1118
WINTER PARK, FL 32792**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IGOR TEPLITSKY	
STREET ADDRESS	1155 S. SEMORAN BLVD., #1118	
CITY-STATE-ZIP	WINTER PARK, FL 32792	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOSEPH W. MORIN	
STREET ADDRESS	1155 S. SEMORAN BLVD., #1118	
CITY-STATE-ZIP	WINTER PARK, FL 32792	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYAL A. DAVIS	
STREET ADDRESS	1155 S. SEMORAN BLVD., #1118	
CITY-STATE-ZIP	WINTER PARK, FL 32792	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	LYAL A. DAVIS	
11 STREET ADDRESS	1155 S. SEMORAN BLVD, #1118	
14 CITY-STATE-ZIP	WINTER PARK, FL 32792	
21 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	REINHARD G. STEPHAN	
23 STREET ADDRESS	2699 LEE ROAD, SUITE 540	
24 CITY-STATE-ZIP	WINTER PARK, FL 32789	
31 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	JOSEPH W. MORIN	
33 STREET ADDRESS	1155 S. SEMORAN BLVD., #1118	
34 CITY-STATE-ZIP	WINTER PARK, FL 32792	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
47 NAME		
43 STREET ADDRESS	300002706359--4	
44 CITY-STATE-ZIP	-12/08/98--01073--002	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
57 NAME		
53 STREET ADDRESS	*****61.25 *****61.25	
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (10/97)

TS. 11/20/98